

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/7

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635**  
**1993**

**IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.

**REPORT COVERS PERIOD FROM** 10/01/2009 **THROUGH** 12/31/2009

**CUMULATIVE PERIOD BEGINNING** 01/01/2009

**TYPE OR PRINT IN INK**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

**FOR OFFICIAL USE ONLY**

**A**

**B**

NAME OF FILER:

SAN MANUEL BAND OF MISSION INDIANS, A FEDERALLY RECOGNIZED INDIAN TRIBE

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

HIGHLAND

CA

92346

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

No Legislation Lobbied

☐ If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) .....	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....	\$	<u>30000.00</u>
C. Total Activity Expenses (Part III, Section C) .....	\$	<u>657.22</u>
D. Total Other Payments to Influence (Part III, Section D) .....	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) .....	\$	<u>30657.22</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E) .....	\$	<u>0.00</u>
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F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
01/28/2001

At (City and State)  
Highland, CA

By (Signature of Employer or Responsible Officer)  
Carlos Valdez

Name of Employer or Responsible Officer (Type or Print)  
Carlos Valdez

Title  
on behalf of filer

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: SAN MANUEL BAND OF MISSION INDIANS.A FEDERALLY RECOGNIZED INDIAN TRIBE**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

☐ If more space is needed, check box and attach continuation sheets.
**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
Strategic Solutions Advisors  Healdsburg CA 95448	30000.00	0.00	0.00	30000.00	120000.00

☐ If more space is needed, check box and attach continuation sheets
**TOTAL THIS PERIOD** (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 30000.00

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: SAN MANUEL BAND OF MISSION INDIANS, A FEDERALLY RECOGNIZED INDIAN TRIBE**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
10/02/2009	American Express  Highland CA 92346 Reference No: 2	Bill Leonard  Board of Equalization	\$ 12.57 Food and Bever - age	\$ 100.56
	American Express  Highland CA 92346	Barbara Alby  Staff, Board of Equalization	12.57 Food and Bever - age	
	American Express  Highland CA 92346	Sherry Leonard  Spouse	12.57 Food and Bever - age	
	American Express  Highland CA 92346	Barbara Leonard  Family	12.57 Food and Bever - age	
10/26/2009	American Express  Sacramento CA 95814 Reference No: 3	Joe Coto  Assembly Member	59.44 Food and Bever - age	356.66
<input checked="" type="checkbox"/> If more space is needed, check box and attach continuation sheets.				<b>TOTAL SECTION C (Activity Expenses)</b> Also enter the total of Section C on Line C of the Summary of Payments section on page 1.
				\$ 657.22

**D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION**

☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

**TOTAL SECTION D (1 + 2)** Also enter the total of Section D on Line D of the Summary of Payments section on page 1.

\$ 0.00

**E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION**

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: SAN MANUEL BAND OF MISSION INDIANS, A FEDERALLY RECOGNIZED INDIAN TRIBE

**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which  
Has Filed A Campaign Disclosure Statement:  
San Manuel Band of Serrano Mission Indians

Identification Number if  
Recipient Committee: \_\_\_\_\_

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

☐ If more space is needed, check box and attach continuation sheets.

**NOTE:** Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: SAN MANUEL BAND OF MISSION INDIANS,A FEDERALLY RECOGNIZED INDIAN TRIBE**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity
11/19/2009	San Manuel Entertainment Authority  Highland CA 92346 Reference No: 4	Bill Emmerson  Assembly Member	\$ 100.00	Concert Ticket	\$ 200.00
	San Manuel Entertainment Authority  Highland CA 92346 Reference No:	Nan Emmerson  Spouse	\$ 100.00	Concert Ticket	\$



TOTAL SECTION C (Activity Expenses)  
Also enter the total of Section C on Line C of  
the Summary of Payments section on page 1.

\$  
657.22

**Attachment Form 640**

(Attachment to Form 635 or Form 645)

CALIFORNIA  
1993 FORM**640**

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PERIOD COVERED: 10/01/2009--12/31/2009NAME OF FILER: SAN MANUEL BAND OF MISSION INDIANS.A FEDERALLY RECOGNIZED INDIAN TRIBE

**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.

**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u> .....	\$ 0.00
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> ..... (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u> .....	\$ 0.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below. ....	\$ 0.00
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645. ....	\$ 0.00

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$ 0.00	

☐ If more space is needed, check box and attach continuation sheets.

TEXT ANNOTATION

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<b>Schedule</b>	F635P3C	<b>Reference No:</b>	2
Lunch			

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<b>Schedule</b>	F635P3C	<b>Reference No:</b>	3
Dinner			

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<b>Schedule</b>	F635P3C	<b>Reference No:</b>	4
Concert Tickets: Tim McGraw			